

South Dakota Board of Funeral Service
135 East Illinois, Suite 214
Spearfish, SD 57783

FUNERAL ESTABLISHMENT APPLICATION FORM

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1. If you wish to obtain an establishment license, please return this form to the above address.
 2. Send money order, certified check, bank draft or personal check of \$100.00 payable to South Dakota Board of Funeral Service at the above address.
 3. All establishments seeking licensure must pass an inspection conducted by a board member or board representative before licensure is granted.
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Establishment Name: _____

Address: _____
(street address) (City) (State) (Zip code)

Address: _____
(mailing address) (City) (State) (Zip code)

() Proprietorship _____

() Partnership _____

() Corporation _____

If Corporation: List both the name and address of primary and subsidiary corporation and primary stockholders of each.

Licensee in charge: _____ License Number _____
(please print)

Address _____
City State Zip

Establishment Phone: _____ Fax _____

Signature _____ Date _____
(licensee in charge)

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Board use ONLY: Received _____ CHK # _____ \$ _____

License Number Issued: _____ Date Issued: _____

_____ (Signature of Board Member)